

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-030905**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

543

Registrar's No.

2139

FILED JUL 22 1963

**1. PLACE OF DEATH**

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **JENNINGS**

Length of stay in lb  
**18 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **High Tower Nurs. Home**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY  
OR TOWN

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1767 Parker Road**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

**ELSIE**

**WESCHE**

**4. DATE OF DEATH**

Month **July**

Day **2**

Year **1963**

**5. SEX**

**female**

**6. COLOR OR RACE**

**white**

**7. Married** ☐ **Never Married** ☐  
**Widowed** ☒ **Divorced** ☐

**8. DATE OF BIRTH**

**9/13/1888**

**9. AGE** (last birthday)

**74 years**

**IF UNDER 1 YEAR**

Months **74** Days **0**

**IF UNDER 24 HR**

Hours **0** Min. **0**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**housewife**

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country)  
**Germany**

**12. CITIZEN OF WHAT COUNTRY**  
**U. S. A.**

**13a. FATHER'S NAME**

**Frederick Heumann**

**13b. MOTHER'S MAIDEN NAME**

**Not Known**

**14. NAME OF HUSBAND OR WIFE**

**Carl Wesche**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**  
(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

Address

**Rose Pressy - 1767 Parker Road**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

**IMMEDIATE CAUSE (a)**

**Coronary thrombosis**

**INTERVAL BETWEEN ONSET AND DEATH**

**15 minutes**

**DUE TO (b)**

**Arteriosclerotic heart disease**

**1 year**

**DUE TO (c)**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a)

**Cerebral thrombosis - 6 weeks ago**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☒ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**

YES ☐ NO ☒

**20a. ACCIDENT SUICIDE HOMICIDE**

☐ ☐ ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**

Hour **0** a.m. **0** p.m.

Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION**

**COUNTY**

**STATE**

**21. I attended the deceased from** **Oct 8, 1962** to **JULY 2, 1963** and last saw her alive on **JUNE 25, 1963**

Death occurred at **4:05** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

**Robert Rubin M.D.**

**22b. ADDRESS**

**119 CHURCH ST. FERGUSON MO**

**22c. DATE SIGNED**

**7/2/63**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**burial**

**23b. DATE**

**July 5, 1963**

**23c. NAME OF CEMETERY OR CREMATORY**

**Salem Luth. Cem.**

**23d. LOCATION (City, town, or county)**

**St. Louis County**

**Missouri**

**24. FUNERAL DIRECTOR**

**ADDRESS**

**BUCHHOLZ MORTUARY-5967 W. Florissant Ave**

**25. DATE RECD. BY LOCAL REG.**

**7-4-63**

**REGISTRAR'S SIGNATURE**

**John B. Murphy M.D.**

FOC080-80E

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. Fred J. Brinkley*

Licensed Embalmer No. 4557

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.